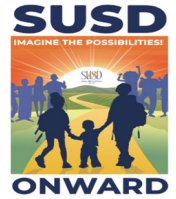




# ELOP: Expanded Learning Opportunities Program Alternative Release Information



School Site: \_\_\_\_\_ School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
NUMBERS/STREET APT CITY ZIP

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Gender: M F

Parent/Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

## CHECK Please:

☐

**Walk Home** - My child has my permission to walk home from the ELOP therefore, I give my permission for the ELOP staff to sign my child out of the ELOP at 6:00PM the end of the daily program or **no earlier than p.m. daily.**

*The release time may change during the winter hours, due to earlier sunset time.*

**PLEASE NOTE:** Once signed out, students need to leave the campus. Failure to do so may result in dismissal from ELOP.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*You must have the following approval\***

Administrator Name: \_\_\_\_\_

**\*Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_